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Original Articles.

Surgical Department.

S. W. WETMORE, M. D., EDITOR.

HÆMORRHOIDS.

BY THE EDITOR.

Read before the Academy of Medicine July 13th.

Gentlemen of the Academy. Having received a great number of inquiries concerning the ætiology and treatment of Hæmorrhoids, and having been invited by your honorable body to read a paper upon that subject, I will beg your indulgence a few moments while giving what little I know of the subject, in addition to a review of the modern literature.

It is supposed that every physician has a general idea of the Anatomical characters of the Rectum, the seat of this most painful and irksome malady, *Hæmorrhoids* or *piles*.

A brief recapitulation of its structure, however, may be appropos, and serve to facilitate a better understanding of its surgical relations, pathological conditions, and rational treatment of the disease under consideration.

As its name would imply this portion of the Alimentary Canal is not *straight*, but inclined from left to right, and from behind and above, forwards and downwards, resting upon the coccyx, and conforming to its shape, this tube is slightly curved, the concavity looking forwards and to the right.

The rectum is seven or eight inches in length, and is divisible into three portions.

The *first* part consists of the upper half, and is completely surrounded by peritoneum. The branches of the internal iliac artery, sacral plexus of nerves, and left ureter being in relation with its lower part. In the male one or two convolutions of the small intestines interpose between it and the bladder, and in the female between the rectum and the uterus, and its appendages.

The *second portion* is covered by peritoneum only in front, it is about three inches in length and in relation by its lower part with the vesicula seminales, base of the bladder and prostate gland, and in the female the vagina.

The *third portion* is about one inch and a half in length, it curves backwards from opposite the prostate gland and end of the coccyx to its termination in the anus where it is embraced by the levatores ani.

A triangular space separates this portion from the membranous part of the urethra in the male, and in the female this space intervenes between the vagina and rectum, and constitutes by its base the perineum.

STRUCTURE OF THE RECTUM.

It consists of *mucous membrane, submcous or areolar, muscular, areolo-fibrous*, and its upper half is surrounded by the peritoneum *serous*.

The mucous coat is connected to the muscular by loose areolar tissue, hence the readiness with which pus burrows and points externally, constituting Fistula in Ano.

The peculiarity of this membrane is the longitudinal plates called the *columns* of the rectum. They are observed only when the tube is empty. Besides these, three valvular folds are formed, one at its upper extremity, one opposite the middle of the sacrum, and one behind the base of the bladder which projects from the anterior wall of the bowel. The latter is the larger and most constant.

"The intervals between the columns observed as the ordinary natural condition by Horner, become close near the anus so as to form small pouches of from two to four lines in depth, the orifices of which present upwards. These pouches occasionally become the seat of disease, and being enlarged produce a painful itching."

This portion of the tube is exceedingly vascular, and freely supplied with nervous influence. Hence it bleeds freely when wounded, and is

very painful when diseased. It is also supplied with a great number of sebiparous glands.

With this idea of its normal and healthful condition, let us look at its pathological condition when *Hæmorrhoids* exist.

This disease consists of an enlarged or varicose condition of the veins and capillaries of the part, together with infiltration of serum into the surrounding tissue.

Dr. Smith's definition is as follows:

"*The Hæmorrhoidal veins varicose*, constitute Hæmorrhoids. They have their origin in congestion of the venous radicals, in the lax submucous tissue of the rectum close to the anus; mucous catarrh and overgrowth of the mucous follicles follow; at a later stage the phlebectasy proceeds to the developement of large plexusses of varicose veins, which push the mucous membrane before them and form a ring of transverse rugæ round the anal aperture; the dilatation finally concentrates at one or more points of these rugæ, which develope into rounded protuberances, and ultimately into fungoid tumors of considerable size; the chief part of the texture of a Hæmorrhoid is spongy, being atrophied connective tissue caused by the pressure of the distended veins kept up by the persistently increased tension in their interior; inflammation often occurs about these venous plexusses resulting in induration or suppuration, and blood may coagulate in their interior."

The classification is into internal, and external piles, or those within and those without the sphincter muscle.

The former are always more serious and most frequent.

SYMPTOMS.

The premonitory symptoms are those of uneasiness during and after defecation, then a sense of itching and pain with more or less hemorrhage. If the disease progresses great pain in the back ensues the hemorrhage is profuse, and with every movement of the bowels there is great tenesmus and protrusion of the piles.

As the disease advances, the tissues become relaxed so much that during ordinary exercise, such as walking, running, dancing, leaping, lifting, reaching or straining, these little tumors protrude beyond the sphincter and produce agonizing pain.

CAUSATION.

In the majority of cases the exciting cause of this most irksome, and often times distressing malady, can be traced to constipation of the bowels. The predisposing causes however, are those of a debilitating character, such as exce-ses of all kinds, frequent, child-bearing, etc.

TREATMENT.

This resolves itself into the prophylactic, paliative and curative. First impress your patients with the necessity of having regular movements of the bowels, induce them to make an effort at a certain hour *every day*, whether they feel like it or not. (After breakfast is the most natural part of the day.)

If there is a diminution of peristaltic action, give Nux Vom. in the morning with a glass of cold water before breakfast, and Collinsonia at night. If this fails, the constant or interrupted galvanic current may be added once a day, or every other day. Certain articles of diet should be freely taken, such as *boiled onions*, stewed and uncooked fruits may be taken as desserts. Passive exercise on horse back or on foot should be inculcated, and sedentary habits should be avoided.

The *paliative* treatment consists of soothing embrocations, such as ointments, cerates, lotions, etc.

When internal piles protrude during the act of defecation, they should be immediately returned by wetting or oiling the finger and pressing them back and beyond the sphincter.

When they already exist in a congested, swollen, sensitive and painful condition, and the patient is unable to return them, the surgeon should apply for a few moments crushed ice or cold water—sometimes the hot sitz bath is better—and then by compression with the fingers of both hands if necessary, they may be pressed up within the sphincter. It may be necessary in some instances to administer chloroform.

The manipulation will induce expulsive efforts which may be resisted by pressure for a few moments against the fundament with a sponge wet in ice water.

If they are irreducible and are troublesome, a cerate of æsculus hypocastanum may be used once, twice, or thrice daily at the same time a solution containing hamamelis may be used as an injection, and senecio and sulphur by the stomach, each three times daily, alternating. We have been accustomed to prescribe the following unguent for painful piles:

R Sulph. Morph, gr. ii to x, Tannic Acid gr. xii, Axungle one oz. Sig. Apply *pro re nata.*

The following suppositories are also very efficient for internal piles:

R Opii pulveris gr. x. Tannici Acidi gr. xxx. Butyr. Cocoæ qs. M. fiat. suppositories x, Sig—Insert one morning and night.

Homœopathic Physicians recommend a great variety of remedies to combat the various symptoms as they occur.

Thus Prof. Helmuth mentions ac. ars. bel. lyco. puls. caust. plat. and ant-crud. The same author mentions *Hydrastis* when there are fissures and cracks about the anus.

He prescribes three or four drops of the tincture in half a glass of water, and gives a large spoonful every six hours. We prefer to use it as a glycerole, or hydrastin with cocoæ butter in suppository, or a cerate, pressed well within the sphincter.

Prof. Fordyce Barker prescribes the following for bleeding piles:

R Ferri Sulphatis gr. xx, Ext Aloes Aquosi, gr. lx, Ext Terax, qs. M. Fiat Pillula, lx, Sig, one morning and evening.

Wm. Allingham, M. D., of London, says in this condition: "I strongly recommend ***Persulphate*** of ***Iron***, gr. xx, Glycerine, Aquæ aa ½ oz, M or as an Ointment. R Ferri persulphatis gr. xxx to lx. Unguenti cetacei 1 oz. If carefully applied causes no pain."

Prof. D. Hayes Agnew, of Philadelphia, prescribes the following for ulcerated Hæmorrhoids:

R Tincturæ Krameriæ gr. lx, Mucilaginis ulmi 2 oz, M, Sig. For two injections one to be thrown up morning and night. Or R Zinci Sulphatis gr. iv. Aqua Carbolici 2 oz, mix, used as a wash.

Dr. G. W. Semple of St. Louis, uses Ergot as an injection in obstinate cases with excellent results, his formula is R Extracti Ergota fluide ½ drachm. Aqua ½ oz. For one enema.

Ergot has also been injected into the pile with a Hypodermic Syringe with good success.

CURATIVE OR RADICAL TREATMENT.

Surgical interference with ***internal*** Hæmorrhoids is never a pleasant procedure, nor is it always attended with success. For the last past three years we have been accustomed to treat them in accordance with the fol lowing which we copy from ***Naphey's Modern Surgical Therapeutics.***

"***Carbolicum Acidum.*** This hypodermic injection of Carbolic acid is the secret of a somewhat famous so-called "immediate" pile cure.

The proportions are R Acidi, Carbolici Crystal, Olei Olivæ, equal parts, for Hypodermic use.

When the piles are internal and not readily brought down, a Sims' Speculum is employed to uncover them.

The operator generally takes only one pile at a time, always selecting the uppermost first, and injects into its interior from four to six drops of the Carbolized oil, or rather the oleized Carbolic acid.

The injection turns the pile white, probably congulates the blood in its vessels, and results in its shrinking away without the inflammation being severe enough at any one time, as a general thing, to prevent the patient from attending to his business.

The well known power of Carbolic acid, to act as a local Anæsthetic, Antiphlogistic, and Anti-suppurative favors the progress. When the irritation of the first injection has ***measurably*** subsided, another pile is attacked in the same way, and as the patient cannot see the syringe, he supposes that he has not been subjected to any "operation" which is a great satisfaction to him."

Ecraseur. With this instrument we have several times obliterated internal piles, and as Prof. Helmuth describes the procedure in a few words we will copy from his valuable Surgery, Page 778. "The piles are brought well out by a needle and thread which is passed through the tumor. By traction on the thread the hemorrhoid is drawn out and ***kept out***, until the chain of the instrument ***bites.***

The thread may then be removed, and the screw at the handle turned slowly.

After the hemorrhoid is cut through, a portion of the mucous membrane generally is impacted between the chain and side of the instrument, this may be divided with scissors."

If hemorrhage occur it may be controled by pieces of ice introduced into the rectum, or persulphate of iron suppositories had recourse to.

Hemorrhoids may be removed by Smith's or Mr. Stolhman's modified clamp, or by the Galvano-Cautery or by Ligature For the *modus operan i* in these various procedures we refer the operator to the text books on this subject. Of the various methods—and we have tried all of them—we prefer the *carbolized oil* injection and believe if the tumors are thoroughly broken up, punctured or lacerated, and time and patience be given to their treatment that the cases will be very few where recourse to other measures will be required. We have frequently relieved and radically cured external piles by making a crucial incision through them, and squeezing out the clot of blood they usually contain. They will readily shrivel and disappear.

RESUME OF REMEDIES.

Hamamelis, of this remedy Naphey speaks as follows:

"The witch hazel is singularly useful in piles, both to check the bleeding and heal the diseased veins. It is employed both as a lotion and injection, and also should be taken internally (two drops of the tincture three or four times a day, larger doses producing severe headache.)

Dr. Edward R. Mayer states that the continued use of this substance in small doses (gr ii to iii of the concentrated tincture) will frequently cause the largest hemorrhoids to contract and disappear.

When there is much infiltration of the parts, the local use of the decoction, or of an ointment prepared from the extract of the plant, will add much to the treatment.

Galla, in the form of an ointment is an old and popular remedy.

Iodoform in the same form is a very soothing remedy.

Krameria, Prof. Agnew and others are of the opinion that this remedy has a specifically excellent effect in rectal diseases.

Chelidonium, Dr. Von Holsbeck praises this remedy for piles.

Sulphur, This is a popular remedy.

Stramonium, This is used in the form of a cataplasm with advantage in inflamed hemorrhoids.

Tabacum is sometimes used in the form of an ointment.

Rhamnus Frangula, Dr. J. S. Unzecker of Cincinnati, says this remedy certainly stands unrivalled.

Nitric Acid, Prof. Helmuth and others speak of this as a topical application, very highly.

He also calls attention to the use of *Æsculus Glabra*, Æsculus Hip, Cactas grand, Cheleone glabra, Col can, Erigeron can, Phytolacca decandra and Podophyllum, and says they have been recommended by such men as Hughes, Hering, Holcomb, Hale, Duncan, Lippe and Logan. We have

not had an opportunity to try these remedies Homœopathically, but have reason to think that in many cases they may be efficient. Dr. Hale speaks of the *Æsculus Glabra*, the common Buckeye, curing piles by carrying it in the pocket.

The writer has a brother living in Ohio, where this fruit grows in great abundance, who never considers himself safe without one in his pocket, and says "when I lose it and go without it a week or two I am sure to have a return of this troublesome malady." He also refered me to several of his friends who had had a like experience.

Hale says "why not? May not the curative principle be absorbed in sufficient quantity?"

In this hastily prepared paper, snatched from a now and then leisure moment, I have given you the principal remedies used in my practice for the last past twenty years, as well as the gleanings from the literature of some of the best Surgeons on this subject, at home and abroad.

Medical Department.

PROF. S. N. BRAYTON, M. D., EDITOR.

THE PARALYSIS FOLLOWING DIPHTHERIA.

BY LEE H. SMITH, M. D., BUFFALO, N. Y.

Read before The Buffalo Microscopical Club, June 8th, and before the Academy of Medicine July 13th.

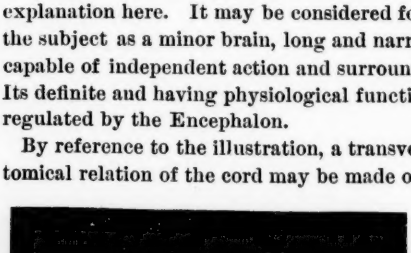
Until within the past few years little was known regarding the pathology of this paralysis which ensues at a variable time during the convalescence of certain cases of Diphtheria. We have now however accumulated sufficient evidence to warrant the placing of the lesion in the nervous system and in all probability as due to certain changes in the spinal cord.

NOTE.–We are indebted to Hippocrates for the first intelligent mention of Diphtheria, and its most important sequel paralysis. His writings antedate by several centuries those of Aretæus, to whom the German writers refer as the pioneer in the observation of the nature of this disease. See the translations of M. Littre, Bulletin of the Academy of Medicine, Paris, 1861.

Oertel, Vol. 1, Cyclopædia of Medicine, Ziemssen.

The general anatomy of the cord is too well understood to require any explanation here. It may be considered for the purpose of elucidation of the subject as a minor brain, long and narrow, but made up of gray cells capable of independent action and surrounded externally by white fibres. Its definite and having physiological function to perform apart from those regulated by the Encephalon.

By reference to the illustration, a transverse section, the general Anatomical relation of the cord may be made out.



TRANSVERSE SECTION OF THE SPINAL CORD, showing its central mass of gray substance, and the roots of the spinal nerves.—*a*, *b*. Spinal nerves of right and left sides. *d*. Origin of anterior root. *e*. Origin of posterior root. *c*. Ganglion of posterior root.

Each of the spinal nerves originate by two roots. An anterior or motor root which conveys a stimulus from center to periphery and a posterior or sensory root which brings its impression from the periphery to the nerve centre.

It is within cells of the anterior cornu of gray matter that the primary changes probably take place. These gray cells, which are the largest of any in the nervous system by far, are found to be generally arranged in three groups in the anterior cornu interspaced with few small cells which however are mostly confined to the posterior horns. It may be stated as generally true that the posterior horns consist of small sensory cells, the Anterior horns consisting of large motor cells. All these cells probably possess one larger straight prolongation which becomes an axis cylinder, and many small branching prolongations for the purpose, probably of anastomosis with other cells of the nervous system.

The white or medullated nerve fibres which make up much of the bulk of the cord are very small (1–1700 to 1–2500 of an inch in diameter), consist internally of the axis cylinder, which is the essential element. External to this comes the myeline, which serves as a protection and perhaps to nourish the axis cylinder in part. External to the myeline is found a very thin layer of albuminous material, and surrounding the whole is the sheath of Schwann, or tubular membrane.

This membrane is transparent, very thin, and closely coaptated to its contents. It presents at certain intervals, about 75 times the diameter of

the filament, the constrictions of Ronget where the membrane dips down to the axis cylinder and completely interrupts the myeline. The annular constrictions occur at regular intervals within those of Ronget. They are merely narrowings of the tubular membrane. Each annular constriction presents one nucleus in the sheath. The incisions of Schmidt appear at intervals like small cuts into the axis cylinder.

Many thousands of the filaments united, form a nerve trunk as met within the course of dissection. It is the emergence of these bundles of filaments at certain intervals along the spinal column that forms thespinal nerves. The fibres originate partly in the brain and partly in the gray cells of the cord.

When from any cause an axis cylinder is cut off from communication with its trophic centre it appears to lose its nutrition and to rapidly degenerate. The changes that are undergone are very interesting as followed by successive experiments upon the lower animals. The myeline becomes cloudy, and then opaque from the separation of granules, next there is noted an increase of the albuminous matter, commencing at the incisions of Schmidt. By this influence the myeline is separated into masses and the axis cylinders cut across. By still further production the axis cylinder and myeline are broken up into more minute granules, which fill the tubular membrane—and the degeneration is complete.

In Diptheritic Paralysis we have appearing in some of the fibres of the anterior roots of certain of the spinal nerves and in the intermuscular nerves which represent their continuations in the muscles, a condition not dissimilar to that, produced by this section of the axis cylinder from its trophic centre.

The roots are examined, and this is extremely necessary, immediately after the action of a weak solution of osmic acid with the use of hematoxylin and picro-carmine as staining agents.

If a root is obtained that has been the seat of disease, instead of the usual blackish filaments of the normal nerve tubes with the annular constrictions containing one nucleus to each constriction, the nuclei are found to be increased to the number of three or four to each constriction. The axis cylinder is found to have entirely disappeared, and between the masses of myeline, which every where are seen in the tubes is found an increase or exaggeration of the albuminous substance, before spoken of as existing between the myeline and sheath of Schwann. In tubes less affected, the myeline is seen in rounded masses with fragments of the axis cylinders in the centre, and many in which the fragmentation has begun only to appear. Commonly the majority of the nerve tubes are found to be absolutely sound.

In the intertubular connective tissue in the neighborhood of the altered tubes are seen a large number of granular bodies and the number of the nuclei of the connection tissue cells much increased. Some of the capillaries supplying the part appear to undergo granular fatty degeneration.

The posterior spinal nerve roots have not as yet been found in any case to be affected, and seldom have I seen an authenticated case of diphtheritic paralysis in which the sensation is impaired except perhaps very late in the progress of the disease, and at a point circumscribed in extent. The disease appears to be entirely of the anterior roots and anterior horns of gray matter.

The spinal cord is best examined after being thoroughly hardened in chromic acid, sections treated with alcohol, oil of cloves and mounted in canada balsam. The staining agents most useful are hematoxylin and neutral carmine, by this means the nuclei of the neuroglia are stained blue, and the nerve cells of a rose color. It is necessary to make, usually many sections, at different points of the cord.

The general appearance of these cords is that of congestion with a few points of interstitial hemorrhages of small size. In some cases, as that reported by Oertel in 1868, of a man dying at the age of twenty-eight from paralysis of respiration while convalescing from diphtheria. All the lesions found were a large number of capillary hemorrhages, several of which were in the medulla in the region of the respiratory centre. In this case the progress was perhaps too rapid to expect degenerative changes in the nerve roots.

Prof. Vulpian, in 1877, gives the following post mortem results of two cases which I condense from his monograph. "The only clear lesion to be found is a lessening of the connective tissue of the external and posterior parts of the anterior horns of gray matter. The gray cells of these parts were more globulous and the contents more homogenous and obscured the view of the nucleus. The nuclei were perhaps more numerous in some cells, and the prolongations more fragile. In all the lesions were slight. In a third case I could not distinguish anything abnormal."

In a case that I have observed, with a power of 10 diameter the cells of the cord appeared sound. At 60 diameters, the following alterations were very plainly seen.

The gray cells in anterior horns were found to be limited in number, and the number of anastomotic axis cylinders and prolongations were greatly lessened. In examination of the three groups of cells in the anterior horns, but few sound cells were seen in each. We scarcely found in some sections 15 sound cells, normally there is from 40 to 60. Between the sound cells, atrophied or partly atrophied cells were found, but not very numerous. With 300 diameter a few cells present an appearance

similar to that of sub-acute myelitis. The alterations in these cells vary greatly, in some they may be but slightly abnormal and only noted when the lesions of the roots would call attention to them; usually without being profoundly altered they are far from their natural normal character. Certain of them appear globulous and pale, mostly deprived of their prolongations or possessing only very short ones. The nucleus and nucleoli very little apparent and less numerous. In one case given by Dejerine a whole cellular group was absent, their place being filled by degenerated and shrivelled bodies with merely the nucleus and nucleolus as vestiges of cells. The vascular lesions appear to be those of congestion with or without thinning, and distention which may go to the extent of a rupture, and hemorrhage of minute size into the gray substance or surrounding tissues; producing points of inflammatory softening and infiltration of leucocytes. These alterations are less marked than in disseminated myelitis, but become more so the longer the paralysis lasts.

The causes are obscure, are they as in traumatic tetanus due to an inflammation propagated from the point of lesion, and going to the medullary substance through the nerves where it causes an inflammation local or general, and thus extending throughout the gray matter? By M. Hayen, the irritation of traumatic tetanus is considered to be transmitted by the connective tissue and nerve tubes. Vulpian considers this connective tissue irritation to be secondary. But consider in the paralysis of diphtheria, all cause of irritation may have disappeared. Were it of peripheral origin the lesion would be carried by means of the *posterior roots* to the cord and they present no alterations.

There has not as yet, however, been shown the elements of hypertrophy as noted by Charcot, which is regarded as the first period of inflammation of the nerve cells. There is also no hypertrophy of axis cylinders as is most often found in inflammation of the cord, although Letzerich believes the disease to be due to the presence of Microphytes, which he considers to be the agent of contagion in diphtheria. The weight of opinion is inclined to consider this view to be erroneous.

From careful consideration of the difficulty one can come to no other conclusion than that it is central lesion primarily. That the lesion bears no relation to the gravity of the attack of Diphtheria, which it follows is remarkable. Mild cases may suffer as severely as the most severe.

Trosseau, Maingault, and See pronounce the paralysis a regular symptom of the Diphtheria. Gubler with Dejerine claims it to be merely an accident of convalescence similar to that of many acute diseases.

Clinically and pathologically, I will say that it presents no peculiarities that could separate it from that paralysis, and the changes sometimes found to follow, from cold, scarlet fever, small pox, etc., except perhaps

its being more common and more grave. Essentially it seems to be an asthenic myelitis.

In conclusion I would present the following for consideration as a summary of our present knowledge upon the subject.

In diphtheritic paralysis the phenomena are due to parenchymatous and interstitial alterations seated in the gray substance of the spinal cord, probably inflammatory in their nature modified by asthenia.

There exist secondary alterations in the anterior or motor nerve roots, alone and not in the posterior or sensory roots. These alterations correspond strictly in extent, and location to the centres of nerve supply to the affected members and to these changes is undoubtedly the paralysis due.

TYPHOID FEVER.

Prof. S. N. Brayton, Editor Medical Department.—I have read your article on Typhoid Fever in the June number of the INVESTIGATOR, and although the ideas set forth by you, are not entirely new, I fear they will not be generally accepted by the Medical fraternity until you give us some more conclusive evidence from what Typhoid and like fevers do arise other than, "it is a mystery."

You state as evidence to back your conclusions, that the prevalence of Typhoid Fever in the city of Buffalo is not greater in that portion near the Cattle Yards than in some parts of the city, remote from said yards, and at the same time declare a decrease in the disease, since the introduction of lake water and more strict sanitary measures. Now if this dread disease does not arise from the poisons arising out of decayed vegetable and disorganized animal matter; wherefore the *decrease* in those localities where strict sanitary measures are enforced in regard to wiping out all decaying matter, and proper drainage of stagnant cess pools?

Again those people who are constantly using the water brought from wells and cisterns containing decomposed matter, are not as liable to cert ain diseases for the same reason that habitual arsenic eaters are not as liable to the deadly effects of that drug—namely—nature has trained the system to an insensible condition to the action of the poison.

I have some doubts about the eruption in Typhoid fever being a symptom of the disease, but rather a sequence of the blood poisoning; and the contagion alloted to Typhoid fever by so many is due, more to negligence in caring for the effete matter from the patient, than from any infection of the disease proper.

The discharges should never be emptied into a privey vault unless it be connected directly with a sewer or running stream, but should be buried in the ground at the same time using strong disinfectants about the premises.

In regard to Typhoid not being allied to Typhoid Fever, I can only say I have never seen but one case of Typhus or ship fever, and of course have not had such opportunities for making comparisons as one who spent so many years as Surgeon in the U. S. Navy.

Da Costa is inclined to separate Typhus from Typhoid fever although he says the German, Swedish, Irish, and most of the British Physicians comprise under Typhus all low forms of fever including Typhoid, (Da Costa, third edition, page 727,)

I fully concur with you in regard to the treatment you propose.

W. R. TOWNSEND.

The above is one from numerous letters received from different parts of the country, many of them citing cases where diseases seemed to assume a typhoid form where there exists bad sewerage, drainage, etc. We would state for the benefit of these correspondents, that in our article in the June number of the INVESTIGATOR, we referred to the *Typhoid Fever* of *Louie*, which is the real and only Typhoid fever. Any disease may assume a Typhoid type, but can never run into a regular Typhoid fever.

In the true disease we always get more or less ulceration of Peyers and the Solitary glands of the intestines, which never occurs in the Typhoid type of another disease or in Typhus fever. In Typhus fever these glands frequently swell, but never ulcerate. The typhoid type of a disease may produce death, possibly quicker than the regular Typhoid fever, but it is only a low form of the original disease which is indicated by a quick feeble pulse, sordes on the teeth and gums, low muttering delirium, etc., not the characteristic leasions or the self limited disease or peculiar eruption, period of incubation, of desquamation, the contageous element, the epidemic tendency, etc.

Dr. Townsend states that it will be necessary for us to give the true *cause* of typhoid fever if we repudiate the generally accepted one. We cannot agree with the Dr. here. It must remain as much a mystery as the causes of Scarlatina, Variola, or any of the eruptive fevers. When we are able to understand the origin of one we shall understand all. We desire to state that Typhoid fever has decreased in Buffalo since the introduction of lake water, and strict sanitary rules, but no more so than Variola or any other disease. We all know that diseases of every character abound, and in fact luxuriate on filth; and where sanitary laws are the strictest, disease is more easily kept under subjection. It seems hardly reasonable to suppose that arsenic and animal poison are any way simi-

lar, for while the system may become accustomed to the one, it would seem that the more impregnated the blood became in the other, the more severe the disease, no matter what its nature might be.

The eruption in Typhoid Fever is just as much a symptom as in any other eruptive fever. It is only a symptom in either case and produced from the blood poisoning. There can be no question, but that this fever is of a contagious nature. The writer has seen cases repeatedly no matter how much pains was taken to prevent it, yet we do not claim that it is as much so as Variola or Scarlatina.

It makes no difference to us, here in America, what some foreign writers may say in regard to Typhus and Typhoid Fevers being one and the same, for Typhoid Fever is as much of a stranger to them as Typhus is to us We all know, here, that they are as dissimilar as Scarlatina and Measels. It seems to the writer that Typhoid Fever should be classed with the eruptive fevers for it has everything in common with them. S. N. B.

Editorial Department.

In this and the two succeeding numbers of the INVESTIGATOR will be found the Second Annual Announcement of the College of Physician and Surgeons of Buffalo.

The most of our readers are familiar with our birth, growth, progress and success.

We have hitherto proclaimed in this Journal our platform. Suffice to say, that while we are known as Homœopathists, we are far from seing exclusives, and as the word *per se* when used as an adjective is apt to convey that impression, we avoid sectarian titles and choose to be recognized as liberal, progressive, and rational *Physicians* and *Surgeons* in the fullest sense of the terms, which means no restriction in instruction.

The curriculum of study in our college is designed to be in all its departments as thoroughly scientific as is taught anywhere, and in any school which will enable the student to pass a rigid and satisfactory examination before any State, Health, Military or Naval Board. In other words aside from homœopathic therapeutics which we believe is the great guiding star, we instruct in the most approved systems which the experience of ages has proven valuable and indespensible in the control of morbid conditions that do not come within the domain of the law of *Similia*.

At this age, when every successful enterprise is marked by the virtue of liberality, when isms, pathies and dogmas are yielding to the nonsecta-

rian influence, when truth stands out in bold relief, and is thrust upon us with all its vehemence in our every day practice and experience, we must like honorable representatives of Æsculapius, acknowledge there is good in every system of medicine, and that it is more than folly to ignore that which has been utilized, because it belongs to a certain pathy with which we do not fully concur.

Homœopathy is far from being a *perfected* system of medication, its therapeutics has been tampered with by uneducated fanatics on the one hand, and deluded, thoughtless and insane teachers on the other. Thus ridicule has kept the real merits of the law from being investigated by the great mass of thinking men.

And yet during the last three decades, the system has gained for itself an enviable reputation.

Its ranks have become swollen with influential, learned, and as scientific men as grace any profession. They have established Pharmacies, Dispensaries, Hospitals, Insane Asylums. and Medical Colleges all over the globe, and today there are in the United States alone, nearly seven thousand homœopathic practitioners. All of these however are not thoroughbreds, many having been instructed in colleges where their therapeutics is confined to symptomatology and the dynamization theory. The time has come when a thorough and complete knowledge of medical science demands of us a curriculum, comprising everything within and without the realm of *similia* and *contraria*, that experience has established as *truth*.

No dogma, pathy or ism, should *fetter* the research of the true student, and such will be the instruction in the College of Physicians and Surgeons, whose motto is *Nullius Addictus jurare in verbu Majistri*.

THE RECENT MEDICAL LAW.

Inasmuch as have received many inquiries concerning the New Medical Bill that recently became a law, we give it *verbatim et literatum*.

While we fully concur with the aim and intention of this act, we think it is far from being what it should be, and what the original design was. It will undoubtedly undergo a metamorphosis another session of the legislature:

AN ACT ENTITLED "AN ACT TO REGULATE THE LICENSING OF PHYSICIANS AND SURGEONS" PASSED MAY 29, 1880; THREE-FIFTHS BEING PRESENT.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. A person shall not practice physic or surgery within the State unless he is twenty-one years of age, and either has been heretofore authorized so to do, pursuant to the laws in force at the time of his authorization, or is hereafter authorized so to do as prescribed by chapter seven hundred and forty-six of the laws of eighteen hundred and seventy-two, or by subsequent sections of this act.

§ 2. Every person now lawfully engaged in the practice of physic and surgery within the State shall, on or before the first day of October, eighteen hundred and eighty, and every person hereafter duly authorized to practice physic and surgery shall, before commencing to practice, register in the Clerk's Office of the County where he is practicing, or intends to commence the practice of physic and surgery, in a book to be kept by said clerk, his name, residence and place of birth, together with his authority for so practicing physic and surgery as prescribed in this act. The person so registering shall subscribe and verify by oath or affirmation, before a person duly qualified to administer oaths under the laws of the State, an affidavit containing such facts, and whether such authority is by diploma or license, and the date of the same and by whom granted, which, if willfully false, shall subject the affiant to conviction and punishment for perjury. The County Clerk to receive a fee of twenty-five cents for such registration, to be paid by the person so registering.

§ 3. A person who violates either of the two preceding sections of this act, or who shall practice physic or surgery under cover of a diploma illegally obtained, shall be deemed to be guilty of a misdemeanor, and on conviction shall be punished by a fine of not less than fifty dollars nor more than two hundred dollars for the first offense, and for each subsequent offense by a fine of not less than one hundred dollars nor more than five hundred dollars, or by imprisonment for not less than thirty days nor more than ninety days, or both. The fine when collected shall be paid, the one half to the person or corporation making the complaint, the other half into the county treasury.

§ 4. A person coming to the state from without the state may be licensed to practice physic and surgery, or either, within the state, in the following manner; If he has a diploma conferring upon him the degree of doctor of medicine, issued by an incorporated university, medical college, or medical school without the state, he shall exhibit the same to the faculty of some incorporated medical college or medical school of this state, with satisfactory evidence of his good moral character, and such other evidence, if any, of his qualifications as a physician or surgeon, as said faculty may require. If his diploma and qualifications are approved by them, then they shall indorse said diploma, which shall make it for the purpose of his license to practice medicine and surgery within this state the same as if issued by them. The applicant shall pay to the dean of said faculty the sum of twenty dollars for such examination and indorsement. This indorsed diploma shall authorize him to practice physic and surgery within the state upon his complying with the provisions of section two of this act.

§ 5. The degree of doctor of medicine, lawfully conferred by any incorporated medical college or university in this state, shall be a license to

practice physic and surgery within the state after the person to whom it is granted shall have complied with section two of this act.

§ 6. Nothing in this act shall apply to commissioned medical officers of the United States army or navy, or of the United States marine hospital service. Nor shall it apply to any person who has practiced medicine and surgery for ten years last past, and who is now pursuing the study of medicine and surgery in any legally incorporated medical college within this state, and who shall graduate from and receive a diploma within two years from the passage of this act

§ 7. All acts, or parts of acts inconsistent with the provisions of this act are hereby repealed.

Office of the Secretary of State. } ss.
STATE OF NEW YORK, }

I have compared the preceding with the original law on file in this office, and do hereby certify that the same is a correct transcript therefrom and of the whole of said original law. JOSEPH B. CARR,
Secretary of State.

TO THE READERS OF THE INVESTIGATOR.

This is the seventh issue of our monthly. They have been distributed far and near, at home and abroad, as sample numbers. Hundreds have responded with their mite, and although but a *bagatelle* to them, individually, it adds to our little mountain of necessities, and encourages us in our undertaking which so far has proved a *grand success.*

Every physician can afford to take at least one liberal journal certainly when it costs but *one dollar* per year. Some, however, through fear of having a bill sent them, have returned or refused to take them from the Post office. We are happy to say though, that the number in this city have been but *three*, and those belong to the number whom we have for years classed with the bigoted and self sufficient few that reside in the Queen City. Aside from these I venture to say that we have not had a dozen returned, nor more than that number refused.

Gentlemen do not refuse to read the INVESTIGATOR on the ground that you may be considered subscribers. The postal law will not be put into execution for that purpose.

Read the journal and should you care to subscribe notify us with your little dollar. If not please hand it to some *Christian* medical friend who may have his soul stirred and disposition stimulated to investigate the truth wherever found.

Our aim in journalism is to present facts and truth, and it matters not from what sect or pathy it may emerge. We have faith in our selected law of cure, which in the paramount is our every day guide, still we are "open for conviction" to any better theory.

We solicit contributions on any scientific subject, and any department of medicine and surgery.

The INVESTIGATOR as its name implies is ready to investigate and analyze anything and everything that appertains to the healing art.

Gentlemen of the rational school of medicine, of liberal thought and expression, of earnest patient endeavor, give us your support and your encouragement by circulating the INVESTIGATOR, read it, write, and if you choose subscribe for it. We shall keep sending it to you occasionally, pay or no pay, for we are bound to disseminate the true principles of progressive medicine as inculcated in the law of *Similia*, combined with everything that all time has proven indispensable. This system constitutes in our opinion *Rational* or *Modern Homœopathy*.

Communications.

THE FOOD VALUE OF BEER.

In your May number is an article by Prof. Dopp under the above title, in reply to which I wish to say a few words. First I would ask him to consider the subject a little more thoroughly before assuming to call the prohibitionists of this country fanatics. I am not prepared to say what food value beer may or may not contain, but suffice it to say, that if thought to be possessed of some value, happily do we possess those virtues in such beautiful preparations as Reed and Carnrick, of N. Y., have given us. I am compelled to conclude that we are absolutely inexcusable for prescribing alcoholic stimulants in any form whatever, with very rare exceptions, I would ask why this great and growing opposition to the liquor traffic. Is there no excuse for it! It is not difficult to see the motives which actuate its advocates, but I challenge any man to produce evidence sufficient to show that this invincible opposition is based upon selfishness. As Prof. Dopp has referred to legislation I desire to ask what is the foundation of all law. Is it not to "command the right and prohibit the wrong" or in other words to bring about the greatest good to the greatest number? If so where are your beer advocates, what would be said of the congress that would pass a law which would work degradation divorce and death to 90 per cent of all who availed themselves of its privileges, while 10 per cent were perhaps slightly benefited? How easy it

is to see what enormous revenues the government derives from the manufacture and sale of intoxicating liquors, and fail to see how immensely increased would be the valuation of this country and its productions, were it not for this traffic, to say nothing of the incalculable amount of misery and death that would be averted. How easy to see an unwarrantable abridgment of personal liberty for the man who is denied the privilege of opening a public saloon, and to fail to see any such abridgment for the butcher who might desire to establish a slaughter-house in close proximity to his meat market. Lot M. Morrill says for every million dollars government receives as revenue on alcoholic liquors, it pays out four millions for crime. As a scientist does Prof. Dopp not know that according to the best information, more than one-half of the idiots, and a very large share of the suffering entailed upon the human family through diseases acquired and constitutional, are the direct results of debauchery. It is an undeniable fact that England is suffering more today as a nation from intemperance, than from any other if not all other causes combined. Bismarck says beer is the curse of Germany. The same may be said of France and Ireland, if we include other stimulants as well as beer. The very foundations of our own beautiful republic are surely crumbling from the effects of this blighting curse. Oh that every individual in this broad land, would consider the awful responsibility of countenancing an evil that is certain to work such wide spread destruction. As the PHYSICIANS AND SURGEONS' INVESTIGATOR is supposed to be conducted in the interest of science and for the promotion of health and true manhood, let us look at this subject candidly and in all its bearings, and until it can be clearly shown that the evil resulting from the use of alcoholic stimulants of whatever kind is not ten-fold greater than the good derived therefrom, let us beware how we advocate its claims. F. W. GORDON.

Sterling Ills.

OUR PARIS LETTER.

Paris, France, 20½ Duloup Street. June 23d, 1880.

My Dear Dean.—You will see by the above that I am still a pilgrim i the orient.

I arrived here May 2nd, after a prolonged stay in London, where my brother George has resided for eleven years, and now has a very extensive homœopathic or rather *rational* practice, for they dislike the term homœopathist there, and call themselves Physicians and Surgeons of the rational school of medicine "just as you teach exactly," not ignoring any theory or pathy that experience of all time has utilized, but at the same

time acknowledge the law of similia to be the chief, most rational and nearest a science.

In London where I lingered seven weeks, our schools are nearly all ***rational*** or low potency class, very few of them ever prescribe above the 3.

My letter written you from Kingston, Ont., just before I sailed was hardly worthy the honor shown me by its publication in the February number of your very valuable INVESTIGATOR, which I rec'd here on my arrival with the March and April numbers.

I see by your April number that you have spiked those infinitesimal foul-ing pieces that were engaged in a scurrilous fusilade when I left. That *Os*—born enemy, etc., with his able, artful, and efficient associates, will now probably imitate the boy with the toothache, hold his jaw.

London is the hub of the world (in a business sense) the underground railways are perfectly wonderful. There is more business done there in a day than in New York or Chicago in a month. I had the pleasure of meeting with the Principal Homœopathic Physicians there.

Drs. Berridge and Skinner are considered to be about the only high potency men of any note. Dr. Berridge is about such a practitioner as Dr. Gregg. He is a younger man, not so prepossessing—very affable however—but in my opinion a man of less talent and ability than your worthy professor. The Dr. informed me, that he was to visit the States,and you may have the pleasure of seeing him.

Dr. Skinner probably belongs to that class that you stigmatize as ethereal nonothings, and from what I read and hear of him, I should imagine that he would treat tenesmus of piles with the shadow of aloes C. M.

The time is coming my dear Doctor, and it is not far distant, when this nauseous nonsense, this "ethreal nothingness," this moonshine potentization, will be ridiculed by all sensible men, as much as the incantations of the middle ages.

Your idea of instructing the medical student is *regal*, and the only system that should be recognized by any government.

Sectarianism has no more right in the medical than in the legal profession.

Keep the question agitated and the ball rolling in your editorials, as hitherto, and you will find that others will soon follow in your wake, for there are none so blind that they cannot see—nor so deaf that they will not hear.

I would very much like to hear from you direct as I expect to remain here until after Aug. 20th.

Begging pardon for trespassing upon your valuable time,

I remain fraternally yours,

JAS. J. JENKS, Jr.

THE CASE OF DR. TANNER IN NEW YORK.

WHAT DR. STOLZ OF MINNEAPOLIS, MINN., HAS TO SAY ON THE SUBJECT.

It is by this time generally known that Dr. Tanner, of Minneapolis, has again undertaken the difficult task of living without food forty days, this time under the immediate watchfulness of a committee of physicians of New York city. I would state here, for the benefit of Dr. Tanner, that I am personally acquainted with him, and I believe him to be honest in his convictions. He is a man of more than ordinary natural abilities, and has a good education. He is also a successful physician, when he devotes his time to the practice. He is of the vital mental temperament; the vital slightly predominating over the mental, and this naturally makes him

INCLINE TO TAKE HIS EASE.

Yet when thoroughly aroused he is capable of much mental force, and is a fair success as a public speaker. There is, however, one trait of character that the doctor possesses largely in excess over other people, which is, that he is capable of concentrating his whole mind on one thing at a time or on one subject of thought. He also has great will-power over self. All of his passions are subordinate to and under control of his will. This last attribute he tells me, was mainly acquired by a

CONSTANT EFFORT OF THE WILL,

and years of practice. This, then, enables him to live a sort of an alternate life of the dual forces, of both the body as well as the mind. It will be admitted in this connection that we possess, strictly speaking, and in the philosophic and scientific sense, simply a dual sense, viz: the external, voluntary or corporal sense, and the internal or non-corporial sense. When the external sense is in full working order, the material of the body is rapidly consumed, but when this sense is at rest the involuntary sense alone consumes, comparatively, but little of the body. By the simple exercise of the will, Dr. Tanner is enabled to order the corporal or

VOLUNTARY SENSE TO REST

or to come on duty as the surrounding conditions may require it. At any time the doctor is enabled to go to sleep in a moment.

Now it is a physiological fact that while we are asleep very little, if any, nourishment is required by the system. Whatever then suspends the voluntary activities of mind or body will prevent a consumption of the body, whether by natural sleep, mental control, or by other means. Cases may be cited of frequent occurrence in our inebriate asylumns, effected by a peculiar insanity, who live days, weeks and even months, on very little food. Conditions of deep sorrow may suspend the voluntary powers and persons have lived many days in a sort of semi-consciousness of life

without eating or drinking. A case in point; a lady some years since came under my care, who while

SPLITTING KINDLING-WOOD,

by accident cut wide open her great toe, the sight of blood and pain together threw her into a mental condition that for more than three weeks she never partook of food. Narcotics and anæsthetics are also means by which the voluntary nerves are quieted and thus the waste of the body suspended and life may be prolonged for an incredible long time without food. Trance, cataleptic, somnambulic, mesmeric, as the normal sleep, are states during which no food is required. The hibernating animals simply suspend the voluntary life and without food come out of their dens in the spring strong and plump. Spiritous liquors have

A SIMILAR EFFECT,

and this explains in part why an old drinker keeps plump and round, though vitality in his case may be consuming.

Whatever then may bring about the above conditions are the means by which great feats may be accomplished in the way of fasting. Dr. Tanner has the power by his own will to suspend the voluntary function, and to a large extent he is able to do this even while he is conversing. He also can stop thinking,so while he walks he need not think,and vice versa holding in subjection those of the sub-senses which otherwise might be unnecessarily active, conserving thus much of his vitality as well as the tissues of the body. When Dr. Tanner acquires the power to suspend the voluntary life for forty days he can come out with a loss of but two or three pounds of flesh, and all this time without food. As it is now it will require great care to carry him through, and I have above given the law. I believe

IF DR. TANNER FAILS

in his present experiment it will be mainly due to the fact of being watched, physicians examining his pulse, temperature of his body, etc., and the many visitors, altogether creating an undue excitement of the voluntary sense, using material of the body which under other and more favorable circumstances might be preserved. There is no doubt but that he went through his forty-two days' fast a few years ago all right and honestly. To this effect we have also the statement of Dr. Moyer, who was Dr. Tanner's physician at the time, and Dr. Moyer is a scientific physician, and his veracity has never been questioned.

J. STOLZ, M. D.

Selections.

THE OPIUM HABIT,—A POSSIBLE ANTIDOTE.

BY E. R. PALMER, M. D.,

Professor of Physiology, University of Louisville.

The paper of Prof. Palmer on a possible antidote to the opium habit which is republished herewith from the *Medical News*, is interesting, and the discovery therein contained, if it proves to be a discovery, is all important. Messrs. Parke, Davis & Co., manufacturing chemists, of Detroit, were the first to introduce the coca to the American market, and their enterprise is to be much commended.

To be able to cure the opium-habit has been the laudable ambition of many a worthy doctor and the vaunted claim of many a blatant quack. I believe that so far as the literature of medicine goes to-day we have no remedy with any claims whatsoever as a curative of this habit.

Recent experience has led me, in view of the facts just stated, to hope that I have discovered a cure. What it is and how I came to use it may be briefly told as follows: In looking over the different remedies which various drug-houses have kindly donated to the University Dispensary, I read upon the back of a bottle of fluid ext. of coca, made by Parke, Davis & Co., that this drug "produces a gently-exciting effect; is asserted to support the strength for a considerable time without food; in large doses, produces a general excitation of the circulatory and nervous system, imparting increased vigor to the muscles as well as the intellect, with an indescribable feeling of satisfaction amounting altogether sometimes to a species of delirium, not followed by feelings of languor or depression," etc., etc. At this time I was treating in private practice an obstinate case of cardiac irregularity due to a somewhat dissolute life, and not amenable to either belladonna, digitalis, or tonics. I started the patient on coca. From dropping one beat in every four, his heart went, with increased doses of the drug, to one in seven, one in twenty-one, one in thirty-eight, and finally a cure. The absolute relief and cheer that a good, big dose of coca imparted to this patient were wonderful to observe. I had hardly begun with this case before a similar but even worse case of cardiac exhaustion, with irregular action, offered at the University Chest Clinic for treatment. To be brief, he got coca and got well. In both cases hypochondriasis was a marked symptom, and was speedily cured.

In March last I was sent for in great haste by the proprietor of a neighboring saloon, and on my arrival was told that "a chap" had just gone to his room in a fearful fix. "He looks," said the publican, "as if he had been on a terrible spree, and needs a doctor mighty bad." I was shown to the gentleman's room, and was struck at once by his peculiar appearance. He told me frankly that he was an opium-eater; that he had not taken a drink for months; but that this morning, feeling so badly from morphine, he had gone to the saloon and taken a brandy cocktail, which, however, did not stick. He protested that he was dying, and altogether was in a sorry plight. I subsequently learned his dose was three grains

of morphine several times a day. I tried various remedies for a day or two, and by moral suasion got him to reduce the dose very materially, but much to his discomfort. About the third day of my attention I bethought myself of the cocoa and ordered it for him. Imagine my surprise upon meeting him the next day with fine spirits and a record of only one-fourth of a grain of morphine taken since my last call. This was the end of the case. He took the coca for some days, and entirely broke off from opium. His statement was that whenever he felt depressed or bad he took a good, big dose of the medicine, and in a few moments was all right.

My second case was so striking in its results and is so recent that I hardly feel justified in reporting it. It is as follows: Upon the 18th of the present month a gentleman sent for me. I found him in bed, looking like a consumptive. He at once told me that he was an opium-eater and that he had reached a point where thirty grains of morphine daily were necessary to supply the cravings of his perverted nature. He said that he was now trying to break off, and wanted me to help him. I told him of what the coca had done, and with a few cheerful words prescribed it for him. The next day I found him still taking morphine, although in small doses, as he had not been able to find the coca. Upon the following day he had but one dose of morphine in eighteen hours (one-fourth grain) and plenty of coca. He was hopeful and cheerful. The next day I failed to see him, and on calling the day following the servant met me at the door with the statement that he was well, and had gone down street. This much I can say for the last case, that when I last saw him he looked like another man, so light and cheerful was his face and so free from the evidences of opium.

These are very brief and slender claims upon which to base a claim of discovery; and, while I might supplement them by several cases of ordinary hypochondriasis relieved by the agent in question, I do not deem it worth while, as my only desire is to direct professional attention to the administration of coca in the treatment of the opium habit.

Erythroxylon coca is a native of the eastern slope of the Andes. It is cultivated in the tropical valleys of Bolivia and Peru. The greatest care is given to its culture by the natives. An idea of its importance as an agricultural product may be gained from the fact that the duties upon coca in Peru amount yearly to $400,000. The Peruvians are pre-eminently a despondent, an unhappy race, and coca is their balm. To them it is a relic of departed days of glory, and under its benighn influence they enjoy in dream and delirium the halcyon days of Monco Capac.

Prof. Steele, of the American Pharmaceutical Association, from whose articles upon coca I glean these facts, says: "Coca is both salutary and nutritious, in fact, the best gift the Creator could have bestowed upon the unfortunate Indians. They always carry a bag of leaves suspended from their necks, upon which they draw three times a day with as much pleasure and delight as a connoisseur in tobacco smokes a fragrant Havana. It imparts brilliancy to the eye and a more animated expression to the features, agility to the step and a general appearance of animation and content." Indeed, one can scarcely read Prof. Steele's article without wishing to test the virtues of this great antidote for the blues. The ordinary dose for adults of the fluid extract is a tablespoonful.

ANOTHER CONVERSION.

FROM THE LOUISVILLE COURIER-JOURNAL.

An incident of the recent session of the Kentucky State Medical Association was the presentation to the body of the resignation of Dr. A. Given, a physician of this city, who gave as a reason for retiring from membership in the Association that he had been convinced of the soundness of the claims of the homœopathic school of medicine, and had determined to become a practitioner of that school. Dr. Given has been a practicing physician in this city for fifteen years, and is a graduate of the Chicago Medical School, where he was taught by such well known professors as Dr. N. S. Davis and Dr. Byford. The following is the paper of Dr. Given accompanying his resignation:

MR. PRESIDENT AND GENTLEMEN OF THE KENTUCKY STATE MEDICAL SOCIETY—I herewith avail myself of my privilege as a member and tender to this honorable body my resignation. In taking this step, and in parting company with your society, I consider it a duty I owe to my many friends in the profession to give some of the reasons which have induced me so to do.

As most of you know, for the last twenty-one years I have been an active practitioner of the healing art, and a close student of theoretical and clinical medicine.

The result of my investigations has convinced me, first, that there is a vast difference between the theory and practice; that before one can successfully *practice* medicine he must unload much of the *theory* with which the so-called medical science has crammed him; second, that in the allopathic profession we have no law of cure; third, that we are progressing (therapeutically) backward, illustrating the truth of Lord Bacon's remark, "that the medical profession was like a treadmill, and that about once in a hundred years it came around to where it started from."

Safe in the truth of these convictions, and convinced that there must be in nature some law of cure, some missing link which was to complete the chain of a true medical science, I began by investigating Homœopathy and let not your lips curl in derision when I tell you that I found a new world in medicine opened up before me. I found there what has caused the investigating, intelligent public to require many of us to discontinue heroic treatment and give smaller doses I found there ideas and remedies which had been given us as representing the advanced thought and intelligence of our own school, taken – stolen of whole cloth—and palmed off on us as original matter.

Ringer's new Therapeutics is saturated with plagiarisms from Homœopathy from beginning to end. Bartholow's Therapeutics, so highly recommended for students, is by no means free from suspicion.

I found in Homœopathy a law of cure as unchangable as the law of nature. I found a profession of over six thousand members, embracing the highest order of talent, and comparing in education favorably with our own. I found their patrons were among the most intelligent portions of the community. I found it represented by eight medical schools, by hospitals and dispensaries in abundance. I found it represented in the Government appointments and State appointments all over the country. In New York alone I found them in possession of that magnificent charity, Ward's Island Hospital. I found there a State Homœopathic Insane Asylum that cost a million, and that the Surgeon General of the State was a homœopath.

I might fill a volume with the conquests which this new system has made. I have also gathered many clinical facts which I had hoped to lay before the profession, and to demonstrate that the large and continuous dosing of patients, as practiced by so many of our school, was not only useless, but positively injurious; but I know you will not listen; suffice it to say, that my experience with homœopathic medicines has convinced me that patients recover under its use more quickly and safely than under any other. The vitality of the patient is economized, and, when the disease is cured, he is well. There is no long, tedious convalescence to pass through. These clinical facts I laid before some of my medical brethren in the hope of inducing them also to investigate; but I soon found the scales removed from my eyes, and that my dreams of a reformation in the heroic dosing of my profession were a delusion. They would not listen. I found that I had aroused the bigotry and prejudice which have ever fettered our profession from the days of Harvey, Jenner and Hahnemann.

In view of this fact, I shall not longer tire you with a description of the advantages offered by Homœopathy, but will conclude by saying that since I entered the profession I have never, knowingly, deviated from the code of medical ethics, although I have often felt that the code was too stringent. It forbids me to recognize as orthodox any other school of medicine than that of the allopathic. It would not allow me to consult with a physician, no matter how learned and skillful he may be, unless he be an allopathist. This I consider arbitrary and unwise, and often detrimental to the sick.

I believe it to be the privilege and the duty of every physician to search for medical knowledge in every country and clime, and to gather clinical instruction from every source, no matter from whom it is obtained.

I know of no law, human or divine, excepting the law of the Code of Ethics of the American Medical Association, that will hinder or restrict a true-hearted, intelligent physician from using every means that a kind Providence has placed within his reach for the alleviation of the sick. Hence I can no longer obey that code, or allow it to control my conscience.

I do not disguise the fact that the contemplation of this step has caused me many anxious hours, for I knew not how it might affect me pecuniarily; but duty compels me to sever my connection from your honorable body.

I shall always remember with pleasure the kind treatment I have received from my medical brethren, and the many kind words they have spoken in my behalf while struggling to establish a practice in Louisville. Thus in taking leave of your society I can only hope that the day is not far distant when the shackles may be broken and that a progressive spirit may prevail in the profession, and that many of you, at least the younger members, may investigate the true law of cure, and no longer withhold its curative power, especially from the delicate female and the tender infant. Or, young men, if you can do no more, put forth your efforts to stop that system of heroic dosing and hypodermic medication, which is sending many to untimely graves, filling insane asylums and inebriating a world.

Let your united voices be heard in condemnation of that pernicious habit of keeping infants drunk on opiates, soothing syrups and whisky from the time they enter the world until they leave it.—A. GIVEN, Louisville, Ky., May 5, 1880.

News and Miscellaney.

"Consistency thou art a Jewel."—About two months ago one of our Journals was returned by a Physician, and we understood the reason to be that we were not Homœopathic enough to suit him, at least this was the impression we received. We are just in receipt of one of his prescriptions written with his own hand on a slip of paper, with his name printed on one corner, and the name of an Apothecary on the end.

R. Lactopeptine. gr. 30. Hydrastis 1x, gr. 15. Nux Vom 3x, gr. 15. Sac. Lac. gr. 90.

This is *verbatim et literatim et punctuatim*, and it is a very good prescription for dyspepsia, but how is it for pure Homœopathy? That prescription is mixed up worse than any we ever saw before. We do not complain of such methods of doctoring, but whenever we see such prescribing by men who declare before the world that they are pure Hahnemanian Homœopathists, and nothing else, we blush for very shame to think that we have to associate with them as physicians.

If a physician cannot come out and proclaim what he is, how and what he administers to the sick, without practicing one thing, and holding up another sign, he is worse than a quack; he is a trickster, and should be frowned down by every honest medical man, and shunned by every layman. He is not an honest man.

We believe that if Homœopathy is good, its virtues should be proclaimed from the house tops, and if there are remedies that can cure more speedily and more effectually, they, with Homœopathy should stand hand in hand. We are none too successful in coping with disease, with *all* the curative agents that have ever been discovered, and if we are successful to the satisfaction of ourselves and our patrons, we cannot afford to throw away, or ignore anything that is curative.

Life is short enough at the longest, without trusting it to a biased practitioner whose opinions run in a rut, or one who practices one way, and preaches another. He is dangerous.

We are not referring to the physician who wrote the above prescription, he has only given us the text. S. N. B.

"An Important Question."—There is an able article in *The American Homœopath* written by Dr. Casseday, of Stevens Point, Wis.' entitled an "Important Question" which commences in this way. "There seems to be a disposition on the part of many excellent men in the wake of Homœopathy, to make peace on any terms, with our Allopathic brethren. These men descant on the disgraceful spectacle of the noble army of the disciples of Æsculapius divided by 'distinctive lines' of practice, and keeping up a continual and unremitting warfare, instead of dwelling together in peace, and harmony.

The men who introduced the New York resolutions, and the brethren who founded the new institution at Buffalo, are prominent examples of this large class."

This calls for a few remarks from *us*, for we are certainly misunderstood by the doctor who wrote this article. In the College of Physicians and Surgeons of Buffalo, we teach *Homœopathy*, and in addition to this, everythingt that we *know* to be good or useful in curing the sick, or in relieving suffering, and therefore step over onto the grounds of other Physicians or schools when necessary, and while we do so, we are perfectly

willing the world should know it, and are anxious to proclaim it. By this manner of teaching we also hope to bring the two schools nearer together, and in time possibly to break down the party wall.

We shall never undertake "to make peace on any terms" with any school, be they Allopathic, Eclectic or Homœopathic. We shall teach what we think is right, and the true doctrine as we see it, regardless of any sect. There are but very few Physicians in this world who are practicing medicine to please another doctor, but all are aiming to succeed in their profession, and through success to gain wealth and fame. Any honest way of becoming successful, therefore, is the great ultimatum not only with the medical fraternity, but with all. My dear doctor, we are not fawners or beggars. We are not going to other schools, but we expect them to *come to us.* There is where you have made your mistake.

Our college has never asked, nor has it ever desired recognition from the Allopaths, or any other paths who are not desirous of recognizing us. We repeat what has been said by our faculty so many times, that Homœopathy is perfect so far as it goes, but it has not yet arrived at the stage of perfection. It may some day however. Until it does, we must beg leave to step over the fence, and pluck the best fruit of our neighbor's whenever we think it expedient, and in order to do so we must learn what kind of fruit they raise. S. N. B.

Free National Medical Convention.—In our June number we called the attention of the readers of the INVESTIGATOR, to a call for a Free National Medical Convention to take place at Chicago, Aug. 24th. We simply wish to remind those interested, that they may not forget the time and place; and we hope that every true friend of liberty of thought and expression, and all those disposed to do away with sectarianism in medicine, will be on hand at the tap of the drum, and see to it that the effort made, is based upon a foundation as solid as the constitution of the United States. See to it gentlemen that your officers are composed of the material that will stand the cross-fire of the enemies, of men who have lime enough in their vertebral columns to hold them up, for they are sure to be targets for the *Columbiads*, as well as the infinitesimal pieces.

Establish your platform on *truth*, let no Eclectic, Allopath or Homœopath, hold sway over your deliberations.

Prehend *facts* wherever found, ignore creeds and dogmas, isms and pathies. Build your temple upon the granite of King Soloman, and support the super-structure with columns of Boaz, and your effort and undertaking will prove an honor to our noble profession, and an organization of which the whole scientific world may feel justly proud. W.

Corrections.—In June number of INVESTIGATOR make the following corrections in Prof. Cothran's article; after the word "attend" in

line 12 from top of page 113 insert: "but that he could not be compelled to attend;" in line 17, page 166, "defending" should read "depending;" in lines 16 and 17, page 167, "connected with" should read "conversant with."

Enuresis.—Dr. W. G. Carter, of Richmond, Va., writes: Mr. Charles Bell makes the following observations in relation to this subject, and which are worthy of particular attention in the management of this complaint:—"Incontinence of urine never takes place but when the boy is asleep on his back; and the cure is a simple one. He is to accustom himself to sleep upon his face or side; the urine is not passed, nor is he excited to dream of making urine while he keeps in this position. The circumstance is unaccountable until we reflect on the position of this master spring of the muscles of the bladder—the sensitive spot, a little behind and below the orifice of the bladder. When a person lies upon his belly the urine gravitates towards the fundus; but when he lies upon his back it presses upon this sensitive spot, and distends that part of the bladder which is towards the rectum." I have frequently followed Mr. Bell's suggestion, and am sure my advice has been the means of saving many a boy from a thrashing (the domestic remedy with mothers) for wetting the bed.—*Southern Clinic.*

Enuresis Nocturna — is one of the most annoying complaints that children suffer from, unless they are really sick. They not only are obliged to lie in the infernal pool all night, but in the morning must have a counter-irritant applied to their little bottoms with a slipper, in the hands of the mother. This weakness will sometimes last until the child has reached the age of twelve or fourteen, and I have had cases, in girls, at the age of eighteen. I have never failed to cure with Sulphur 1st in drop doses once in about four hours. The remedy must be continued until a cure is effected, which may take a month or two, according to the length of time the child has been annoyed. S. N. B.

Wanted.—In an institution in Erie Co., N. Y., a young man, (a Physician preferred) thoroughly qualified as a teacher in *Chemistry*. The salary will be small the first year, but with very encouraging prospects of an increase. Address X.

Office of the INVESTIGATOR,
51 W. Genesee Street, Buffalo, N. Y.

Arrowroot for Infants.—Dr. Davis says that there is, perhaps, no error more common than that of administering to the infant arrowroot, corn starch, tapioca, rice, oatmeal, sago, bread, crackers, or other starch foods, with the idea of thereby enriching the aliment provided by the substitution of cow's milk. This error is a very grave one, and the administration of this starch food is very injurious to infants, as it is not until after dentition that diastase is secreted by the salivary glands, and

starch food remains in the stomach and intestines, not as food, but as a substance non-assimilable, foreign, and only disposed to irritate the delicate membranes. Dr. Routh, author of "Infant Feeding and its influence on Life," says: "I cannot conceive anything more injurious than arrow-root feeding. I believe it is a cause of death of many infants."—*Virginia Medical Monthly.*

Reviews and Book Notices.

Wood's Library of Standard Medical Authors.

We direct the attention of the profession again to this very valuable Library, and this month especially to a Handbook of Physical Diagnosis, comprising the Throat, Thorax, and Abdomen by Dr. Paul Grettmann, Berlin, translated from the Third German Edition, by Alex. Papier, M. D., with *nine* colored plates (after Vogel,) characterizing urinary deposits, and *eighty-nine* fine wood engravings.

This distinguished author in the general examination of the subject begins with *Fever*, giving the indications of its presence by a rise in the temperature of the body. The straight self-registering fever thermometer, marked according to *Fahrenheit* scale is recommended. After considering the *pulse* as another sign of fever, he considers those symptoms of disease that are recognizable at a glance by *changes in the color of the skin*, such as Blanching, Cyanosis, Icterus, Bronzing, Argyria, and Local Pigmentation.

The examination of the sub-cutaneous tissues, are then considered, such as Dropsy, Emphysema, and Sclerosis. Following which the usual methods of examining the Organs of Respiration, Circulation, and the Abdominal Organs are given with clearness and precision. The last chapter in this work is devoted to the Larynx and its diseases. The examination of this organ by the Laryngoscope, modes of illumination, etc., etc., are dwelt upon at length.

The diseases of the Larynx treated of in a very masterly manner, are Acute and Chronic Catarrh. Croup, Diphteritis, Phthisis, Syphilis, Perichondritis, Œdema, Morbid Growths and Paralysis of the Vocal Cords.

This work has 344 pages, and is one of the best of the Library for 1880.

The Fifth Volume, in this series is a treatise on *Therapeutics, translated* by Dr. F. Lincoln, M. D., from French of A. Trousseau and H. Pidoux. Ninth edition revised and enlarged with the assistance of Constantine Paul, M. D.

This Vol. is of the average size and is divisible into four chapters. It is by no means an exhaustive work on Therapeutics. Its first chapter is

devoted to Reconstituents, Iron, and Tonic treatment in general. After which he treats of Astringents, Alteratives and Irritants, in the manner taught by our fore-fathers, who were superanuated, bigoted, and willfully blind.

Trousseau, however, used remedies in accordance with the law of Similars, but choose to call them *substitutives.*

While speaking of *Cantharides* he says: Our view of the action of copabia in blennorhagia, is that it causes in the mucous membrane an *artificial* irritation which replaces the morbid irritation.

We account in the same way for the action of Cantharides in blennorhagia, and the other irritant diseases of the urinary passages; but evidently there is danger here, unless the physician rightly proportions the artificial local inflammation to that already present.

Under the head of *Substitutive treatment* he says:

The homœopathic doctrine considered in its general fundamental idea, certainly does not deserve the ridicule which the therapeutic applications made by the homœopaths have occasioned. When Hahnemann uttered the principle "*Similia Similibus Curantur*" he proved his position by facts taken from the practice of the most enlightened physicians, dazzled by the truth of an idea which he had guessed and formulated, soon exaggerated, like all innovators, the importance of his discovery. His disciples, as always happens, soon outran their master, and carried him away with *their* exaggerated ideas.

In this book on the therapeutical action of the drugs considered, we find the same application frequently made, and as clearly homœopathic as copabia and cantharides.

It is interesting to see the cunning and artful disposition of the law of *Similia* under the sobriquet of substitutive.

We commend the book to the student and practitioner, as a very desirable work, and should be in the library of every physician, particularly the homœopathist.

Special Indications for Twenty-Five Remedies in Intermittent Fever. J. P. Wilson, M. D.—Boericke and Tafel, Publishers.

Condensed from H. C. Allen's work. Those in favor of high dilutions might be pleased with this work.

Errata.—In this Journal, page 206, 14th line from bottom, first word should read being, instead of "seing." Page 207, 4th line from bottom "*verbatim et literatim.*" Same page read *verba* for "*verbu.*"

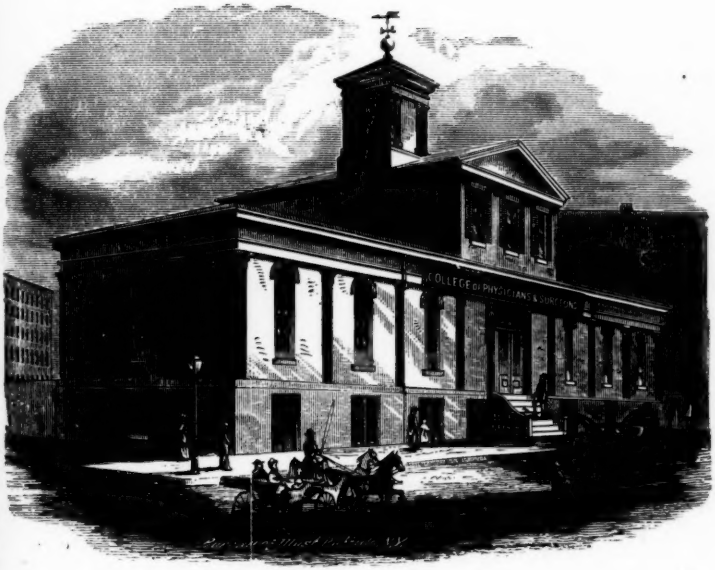
☞ Next month we shall advertise Johnson's Fluid Beef. Something very fine. Try it.

1880.

Second Annual Announcement

OF THE

College of Physicians and Surgeons,



BUFFALO, N. Y.

FOR THE

SESSION OF 1880-81.

Nullius addictus jurare in verba magistri.

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ANNOUNCEMENT.

It is with no small degree of pride, and satisfaction that the Trustees and Faculty of the College of Physicians and Surgeons of Buffalo, N. Y., issue their Second Annual Announcement to the Medical Profession, and invite the attention of Physicians and Students of Medicine and Surgery to the following facts:

First.—The College of Physicians and Surgeons of Buffalo is established in accordance with the laws of the State of New York, and is upon as sound a basis as any college in the land. Its Charter was obtained under the direction of, and has been approved by the highest legal talent including the Attorney General of the State. Its diplomas are as valid and legal as any on the globe.

Second.—Its location in the beautiful "Queen City of the Lakes" renders it easy of access from all points East or West, North or South, in Canada or the United States; and, with the literary and social advantages of the place, it is a desirable abode for students while pursuing their studies.

Third.—The large population of Buffalo, (175,000) together with its numerous and extensive shipping, manufacturing and railroad enterprises, supply the various Hospitals, Dispensaries and other Charitable Institutions with abundant patronage, and thus offer to the Medical Student Clinical advantages unsurpassed by any city of its size.

Fourth.—The Faculty of the College of Physicians and Surgeons is composed of able, earnest and experienced teachers, and the instruction which is most thorough and comprehensive, is rendered interesting and pleasing by the ample and extensive resources of illustration and demonstration at their command.

Fifth.—The character of its teachings supplies a want long felt by every true-hearted student of medicine, and by every unbiasedp hysician. Its teachings are Homœopathic because experience has established the law ***Similia Similibus Curantur*** as the grand guide in therapeutics; and yet, believing the domain of that law to be more or less limited, they also, in harmony with the principles of true progress and American institutions, have a breadth and comprehensiveness which does not exclude any thing, or any measure which ***experience has demonstrated*** to be instrumental in relieving human suffering, and in saving human life. While the principle of Homœopathy, therefore, is made preeminent, yet there are Hygienic

Chemical and Mechanical agencies whose application to the prevention and removal of disease are not based upon any law of cure, but which must, irrespective of any pathy or ism, form a part of the resources of the *true healing art.* Thus the aim of this school is to arm the student with the knowledge of *every* means that will remove suffering, restore health and avert death, and to introduce every rational and scientific idea tending to make the physician more efficient in his divine mission. Hence the Alumni of the College of Physicians and Surgeons, go forth into the world *better* equipped to battle the "dread foe" of life, than can *possibly* be the case, where the teachings are partisan and narrowed to one particular idea or system.

Furthermore, the endeavor of the institution is to exalt the professional standard and dignity of physicians, to break down the barriers of bigotry and intolerance in medicine, which have so long retarded medical progress and usefulness, and which have been the sources of much contention, bitterness, and neglect of the welfare and interests of mankind, and to place above all personal considerations *knowledge* and *truth.*

THE COLLEGE BUILDING

Is a commodious brick structure, centrally situated at the corner of [illegible] and Mohawk streets; and its appointments are in every way adapted to the convenience and comfort of the student.

PLAN OF INSTRUCTION.

The mode of instruction will be by Lectures, Clinics, Recitations, Private Quizzes, with Personal Instruction, and Practical Demonstrations in Chemistry, Anatomy, Physiology and Microscopy.

LECTURES.

There will be from four to six didactic lectures delivered daily, which will be fully illustrated by Normal, and Pathological Specimens, Diagrams, Models, Experiments, etc. The aim and purpose will be to make the instruction thorough, and to impart such information, and in such a manner, as to thoroughly fit the student to become that which is most desirous to him, a *successful practitioner.*

CLINICS.

Clinics will be given regularly by the different members of the faculty at the College Amphitheatre, at the Homœopathic Hospital, and at the Sisters of Charity Hospital.

The Provident and Free Medical and Surgical Dispensaries and the Eye, Ear and Throat Dispensaries are in the College Building and with their thousands of patients, who attend there yearly, furnish a great variety of interesting cases, and afford extensive opportunity for the

student to make himself familiar with the different forms, and phases of disease.

Almost daily, interesting Medical and Surgical Clinics are given before the class, and the student has rare advantages for witnessing important Operations, studying Physical Diagnosis, etc.

Advanced students, and candidates for graduation are also allowed to take charge of out-door patients under the supervision of the Faculty, and to examine cases, make a diagnosis, and prescribe before the class, after which the professor in charge will make any suggestions or corrections that may be necessary. In this way an experience is acquired that is invaluable in after years.

RECITATIONS.

The importance of examination or quizzes in impressing subjects upon the minds of students has been noted by all teachers. The system of recitation will, therefore, be continued in our curriculum of teaching, and each Professor will review the class before each lecture, or at some stated time, on subjects previously lectured upon. The advantage of such a drill is too highly appreciated to require anything to be said in its favor.

PRIVATE QUIZZES.

Will also be given for the benefit of those who may desire personal instruction on special subjects, and who may wish to acquire individual experience in Diagnosis, use of Instruments, etc., for which no extra fee will be required.

PRACTICAL DEMONSTRATIONS

Are given in the various departments of Operative and Mechanical Surgery in Ophthalmology, Otology and Laryngology, in Chemistry, Anatomy, Physiology and Microscopy.

THEORY AND PRACTICE OF MEDICINE.

The course of instruction in this section will be very thorough. All the phenomena of disease will be described, and the principles of Physical Diagnosis, and all topics essential to enable the student to become acquainted with the pathology and treatment of special diseases.

PRINCIPLE AND PRACTICE OF SURGERY.

The lectures in this department will be elucidated by fine diagrams illustrative charts, models, splints, bandages, orthopædic instruments, and all surgical appliances.

Surgical Pathology, Antiseptic Surgery, and all kindred themes will be discussed. Aside from the surgical clinique where every facility will be afforded for witnessing all necessary surgical operations, all the surgical operations of importance will be performed on the cadaver, and the use of surgical instruments and appliances will be demonstrated to the class.

OBSTETRICS AND GYNECOLOGY.

These branches will be taught by Didactic and Clinical Lectures. Plates and Models, sufficient to elucidate every important normal and morbid condition, will illustrate these subjects.

The student will be made familiar with all the necessary instruments and operations, and thoroughly instructed in operative obstetrics.

ANATOMY.

Deeming a careful study necessary, and a thorough knowledge of this branch a pre-requisite to medical and surgical success, the Faculty make instruction in anatomy specially prominent.

Illustrations, in addition to dissection, will be made by charts, cuts, plates, fresh, dried and osseous specimens.

Surgical Anatomy as having reference to the action of muscles, and the relations of important vessels, will receive special attention.

MATERIA MEDICA.

In this department special attention will be paid to the action of drugs on the healthy organism, and therapeutical adaptation of remedies in disease. The students will be thoroughly instructed in Pharmaco-dynamics, Electro-Therapeutics, and Symptomatology, and will be required in their recitations to differentiate the effects of remedies.

CHEMISTRY AND TOXICOLOGY.

The lectures in these branches will be scholastic and demonstrative, and will relate to the fundamental doctrines of Chemistry, both organic and inorganic.

Students will be taught the most practical methods of analysis in the detection of poisons, and of blood, bile, sugar, milk, urine, etc.

Toxicology will receive special consideration, both in its pathological and medico-legal relations.

PHYSIOLOGY AND MICROSCOPIC ANATOMY.

The student cannot become practically familiar with the science of physiology without thorough illustrations upon living animals. Hence the great principle of physiology will be demonstrated by vivisection, exhibiting the most important functions in their normal operations. Histological illustrations by excellent microscopes will be ample, and the normal relations of the solids and fluids of the body will receive full consider ation.

GENITO-URINARY AND DISEASES OF THE SKIN.

The course of instruction in this department will also consist of lectures, didactic and clinical. The didactic will be illustrated by colored

plates, diagrams, models, preparations and operations upon the cadaver; and each student permitted to see and examine carefully the various stages in lithotomy and lithotrity, as well as other operations.

A great variety of diseases of the skin will be exhibited to the class, giving students an opportunity to become familiar with the characteristic features, and all the practical and important points in the diagnosis of this complex department of medicine.

OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

This chair will form a very important part of the curriculum of study, and will thoroughly illustrate the grand idea of the faculty, viz: The blending of didactic and clinical teaching, which will almost daily be brought into requisition in all its various practical departments.

The anatomy, and diseases of the eye and ear, will be illustrated by dissections, drawings, cases, and operations in the College amphitheatre, and the student will receive full instruction in the use of the Ophthalmoscopy, Laryngoscope, etc.

DISEASES OF THE NERVOUS SYSTEM.

This important branch of Medical practice will receive the attention that it deserves by a separate course of lectures on that subject.

TUBERCULOSIS AND ITS ALLIED DISEASES.

Dr. Gregg who is recognized as one of the leading Homœopaths of the United States has given many years to the careful investigation of Tuberculosis in all its forms, and to all its associate morbid developments, such as night sweats, fatty livers, glandular enlargements, pleuritic and peritoneal adhesions, epithelial and connective tissue cell proliferations, etc.; and has reduced the pathology and ætiology of the whole subject into order and system under one of the most simple explanations to be found in pathological science.

Colored drawings and charts will be used to illustrate all phases of tubercles, etc., and especial pains will be taken to familiarize the mind of the student with the pathology as well as with the treatment of all these associated abnormal conditions.

MEDICAL JURISPRUDENCE.

Lectures will be given by the Professors of this department upon the subjects generally connected therewith. Especial attention will be directed to the legal rights, obligations and liabilities of Physicians and Surgeons. This course enables the student to become familiar with medico-legal questions, and much that is too often ignored in Medical Education.

DISSECTIONS.

The facilities for dissection are all that could be desired. Material is furnished in abundance, and at a moderate expense, and the dissecting rooms are capacious, well ventilated and well lighted.

Prof. Wetmore, whose long experience as an Anatomist, and as a teacher in the dissecting room, as well as in the lecture amphitheatre, has given him an extended reputation, will have the direct superintendence of dissection. This is a sufficient guarantee to the student of the excellent, clear, and thorough instruction that he will receive in this department.

REQUIREMENTS FOR ADMISSION.

Graduates from recognized Colleges, Scientific Schools or Medical Institutions, and those holding certificates of having passed successfully the Regent's Examination, or a certificate of attainments from the principal of a respectable High School or Academy, or from a preceptor known to the Faculty, certifying that the applicant is properly qualified to study medicine, will not be required to pass the preliminary examination on joining the school.

All other students entering this institution will be required to pass a preliminary examination satisfactory to the Committee of the Faculty, appointed for that purpose.

INDIGENT STUDENTS.

Arrangements have been made whereby a limited number of indigent students may be admitted annually on the payment of the Matriculation fee of $5,00. But such students must furnish satisfactory evidence that they are without means to defray the expenses of a Medical education, and that they are of good moral character. They must also possess a good literary education and fulfill the "requirements" for admission of all students.

THE COLLEGE OPEN TO WOMEN.

Ladies are admitted to all the privileges and advantages of this institution upon equal terms with those of gentlemen, and especial effort will be made to render their attendance pleasant and desirable. Those desiring to dissect are provided with separate rooms for the purpose.

THE NEW LAW.

By a recent act of the New York State Legislature, any student who *graduates* outside of the State and desires to practice within it, must appear before the Dean of some Medical College in the State and give evidence of his qualifications, moral character, and the genuineness of his Diploma, whereupon the Dean may issue his certificate of approval and require a fee of $20.00.

The object of this law is to prevent the people of this State being imposed upon by charlatans and quacks, many of whom are already practicing under the garb of bogus and fraudulent Diplomas.

This is an item well worthy the consideration of the student, who would avoid unnecessary expense by attending some creditable Medical College in this State, of which the Buffalo College of Physicians aims to take foremost rank.

SESSION CALENDAR FOR 1880-'81.

The second regular course of lectures will begin on Tuesday, October 5th, 1880, and continue twenty weeks.

Candidates for the degree of Doctor of Medicine will be examined by the faculty during the last week of the term.

The commencement exercises will take place on Tuesday evening, February 22nd, 1881, when the Degree will be conferred publicly by the President of the Board of Trustees.

GRADUATION.

The requirements for graduation are prescribed by the laws of the State of New York. 1st. Good moral character. 2d. Must be twenty-one years of age. 3d. Must have read medicine three years after having arrived at the age of sixteen. 4th. Must have attended two full courses of lectures, the last having been in this College. 5th. He must deliver to the Registrar, three weeks before the end of the term a thesis, written by himself on some medical subject, and be prepared to defend it at his examination before the Curators of the College. 6th. He must pass a satisfactory examination in the several branches of medicine and surgery. Final examinations will be conducted orally by a series of questions on the different branches taught, and are intended to be thorough, but just to the student.

FEES.

For Matriculation, each course	$ 5 00
For each full course of lectures	50 00
For Perpetual Ticket, paid in advance	90 00
For Graduation Fee	25 00
For Students who have attended two full courses of lectures in other Medical Colleges	25 00
For Graduates of other Medical Colleges	10 00
For Partial Course, each chair	10 00
For Demonstrator's Ticket (optional after one course)	5 00
For Homœopathic Practitioners (graduates)	5 00

TEXT BOOKS.

MATERIA MEDICA.—Herring's Condensed Materia Medica; Hughes' Manual of Pharmaco-dynamics; Allen's Encyclopedia of Materia Medica; Ringer's Therapeutics; Bartholow's and Phillips' Materia Medica, and Heinigke's Pathogenetic Outline.

INSTITUTES.—Hahnemann's Organon; Dudgeon's Lectures; Wagner's General Pathology; Williams' Principles of Medicine.

THEORY AND PRACTICE.—Niemeyer's Pathology; Raue's Pathology and Diagnostics, Flint's Practice; Baehr's Therapeutics; Da Costa on Diagnosis; Jahr's Forty Year's Practice; Hughes' Therapeutics.

SURGERY.—Helmuth, Franklin, Bryant, Holmes, Gross' Surgery; Gilchrist's Surgical Therapeutics; Bilroth or Paget's Surgical Pathology.

OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.—Wells, Carter, Stellwag, Angell on the Eye; Burnett, Roosa, Cooper on the Ear; Cohen, Brown on the Throat.

ELECTRO-THERAPEUTICS.—Butler's Electro-Therapeutics and Electro-Surgery; Beard and Rockwell.

OBSTETRICS.—Guernsey's Obstetrics; Schroeder, Playfair or Hodge on Midwifery.

GYNECOLOGY.—Ludlam on Diseases of Women; Barnes, Hewitt, or Thomas on Diseases of Women.

PÆDOLOGY.—Teste, Vogel, or Hartman on Diseases of Children.

PHYSIOLOGY.—Dalton's or Flint's Physiology.

HISTOLOGY.—Frey's Histology; Rutherford's Outlines.

ANATOMY.—Quain's or Gray's Anatomy; Holden's or Allen's Dissector; Ellis' Demonstrations.

CHEMISTRY.—Roscoe's or Miller's Chemistry; Bowman's Medical Chemistry; Taylor's or Rau's Toxicology; Wenbuner and Vogel on Urine Analysis; Vaughn's Chemical Pathology and Physiology.

MEDICAL JURISPRUDENCE.—Beck, Taylor, or Dean.

VENEREAL DISEASES.—Bumsted, Gunn, Durkey, Vidal, Hammond and Thompson.

EXPENSES OF LIVING IN BUFFALO.

Good board can be obtained for from $3 to $6 per week, varying, of course, with the habits and tastes of the student.

Rooms for those who wish to lodge and board themselves, can be had at prices varying from $3 to $10 a month.

For further information letters should be addressed to:

S. N. BRAYTON, M. D,, Registrar,
202 Delaware Avenue, Buffalo, N. Y.

or S. W. WETMORE, M. D., Dean,
51 West Genesee Street, Buffalo, N. Y.

MATRICULANTS.

J. J. Brayton,.....N. Y.
T. H. Callahan,.....N. Y.
Chas. Cotton,.....N. Y.
G. W. Cutter,.....N. Y.
Chas. W. Colyer,.....N. Y.
Chas. P. Chapin,.....N. Y.
W. R. Crumb,.....N. Y.
Chas. R. Cole,.....N. Y.
Thos. B. Englehart,.....N Y.
H. H. Hartzell,.....N. Y.
William C. Hayes.....N. Y.
Sallie B. Henderson,.....N. Y.
F. C. Hall,.....N. Y.
David Hughes,.....N. Y.
Mary H. Johnson,.....N. Y
Chas. Kellogg,.....N. Y.
A. R. McMichael,.....N. Y.
J. D. Meritt,.....N. Y.
Robert S. McDonald,.....N. Y.
Fred. W. Montgomery,.....N. Y.
Johnson Pettit,.....Ontario
Annie H. Pierce,.....N. Y.
Ernst von Schulenburg,.....N. Y
Frank S. Sutton,.....N. Y.
A. P. Southwick,.....N. Y.
John Senn,.....N. Y.
Albert H. Smith,.....Pa.
W. R. Tibbals,.....Mich.
W. Henry Tibbs.....N. Y.
Walter W. Wetmore,.....Ohio.
Lemuel R. Ware,.....N. Y.
R. O. Wood,.....N. Y.
George E. Wetmore,.....N. Y

GRADUATES 1880.

Chas. R. Cole,.....Ellsworth, Me.
Sallie B. Henderson,.....Buffalo, N. Y.
Annie H. Pierce,.....Arcade, N. Y.
Ernst von Schulenburg,.....Otto, Catt. Co., N. Y.
Lemuel R. Ware,.....Buffalo, N. Y.
R. O. Wood,.....Buffalo, N. Y.